

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015907

FILED
Jan 11, 2004
Secretary of State

Entity Name: UNIVERSITY MEDICAL HOLDING, LLC

Current Principal Place of Business:

11550 UNIVERSITY BOULEVARD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 196247
WINTER SPRINGS, FL 327196247

New Mailing Address:

FEI Number: 52-2342615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARBER, MITCHELL
11550 UNIVERSITY BLVD
ORLANDO, FL 32817

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOPKINS, S. MARCUS M.D.
Address: 11550 UNIVERSITY BOULEVARD
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Delete
Name: GARBER, MITCHELL K D.O.
Address: 11550 UNIVERSITY BOULEVARD
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARBER, MITCHELL K D.O.
Address: 11550 UNIVERSITY BOULEVARD
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MITCHELL K GARBER MGRM 01/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date